

# The late preterm baby patient journey

## At delivery and on Labour ward

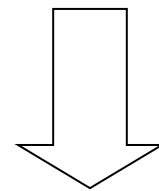
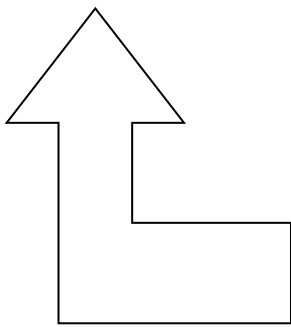
1. Weigh and measure head circumference
2. Ensure baby dry and keep warm
3. Apply Red Hat to identify as baby at risk
4. Start TPR observations
5. Feed within first hour and start feed chart
6. Blood sugar monitoring before 2nd feed or sooner if symptomatic (grunting, temp  $<36.5^{\circ}\text{C}$ , jittery, floppy)

Call *neonatal* SHO blp 2645 for review if grunting, Temp  $<36^{\circ}\text{C}$ , blood sugar  $<2\text{mmol/l}$  or other observations abnormal

## On admission to PNW

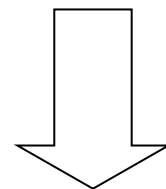
1. Ensure thermoregulation (temp  $36.5^{\circ}\text{C}$  to  $37.5^{\circ}\text{C}$ )
2. Continue TPR and blood sugar monitoring
3. Feed at least 3 hourly and document milk intake
4. Check for jaundice

Call *neonatal* SHO blp 2645 for review if grunting, Temp  $<36^{\circ}\text{C}$ , blood sugar  $<2\text{mmol/l}$ , jaundiced  $<24$  hrs old or other observations abnormal



## Ongoing monitoring

1. TPR for 24 hours
2. Feed chart
3. Blood sugar monitoring as per guideline (remove red hat when complete)
4. Monitor for jaundice



## Safe discharge

### Does the baby tick all the boxes?

- Feeding adequately
- Stable blood sugars
- Stable temperature in open cot
- Completed antibiotics (if relevant)
- Stable bilirubin not requiring phototherapy
- Completed NIPE 1st medical
- Has a TTO for Abidec and Sytron
- Car seat challenge completed if needed

## At NIPE baby check

1. Ensure weight and HC plotted in red book
2. Explain to parents what is required for safe discharge (see left)
3. Write a TTO for:  
Abidec 0.6ml OD and Sytron 1ml OD
4. Arrange car seat challenge with MSW if  $<36$  weeks